



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

DRUG/DEVICE/PROTOCOL (DDP) COMMITTEE

February 7, 2024 – 9:00 A.M.

MEMBERS PRESENT

Kelly Morgan, MD, Chair
Jessica Leduc, DO, HFD
Chief Kim Moore, HFD
Chief Frank Simone, NLVFD
Chief Jennifer Wyatt, CCFD
Chief Stephen Neel, MVFD
Chief Shawn Tobler, MFR
Derek Cox, LVFR

Michael Holtz, MD, CCFD
Mike Barnum, MD, AMR
Jeff Davidson, MD, MWA (Alt)
Walter West, BCFD
Shannon Ruiz, PharmD
John Osborn, CA
Sydni Senecal, OptimuMedicine
Jim McAllister, LVMS

MEMBERS ABSENT

Troy Biro, Guardian Flight
Samuel Scheller, GEMS

Alicia Farrow, Mercy Air

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Med. Director
Scott Wagner, EMSTS Field Representative
Roni Mauro, EMSTS Field Representative
Stacy Johnson, EMSTS Regional Trauma Coordinator

John Hammond, EMSTS Manager
Edward Wynder, Associate General Counsel
Nicole Charlton, EMSTS Program/Project Coordinator
Rae Pettie, Recording Secretary

PUBLIC ATTENDANCE

Sandra Horning, MD
Todd Ford
Branson Diaz
Kadin Kuzma
Tyler Jubala
Andrew Janoski
Bryce Wilcox
Daniel Lentz
Jeremy McKillips
Rebecca Carmody
Stacy Pokorny
Yahaira Fuentes
Danny Perez
Fabrizio Maggio
Johnny Romero
Mark Mikhail
Najee Harris
Jared Eldred, MD

Ryan Hodnick, DO
Mark Calabrese
Braiden Green
Patrick Watson
Aiden Hurley
Ashley Tolar
Collin Burpee
Sean Collins
Reece Umatum
Shakira Maldonado
Stephanie Teague
Connor Muir
Dylan Hoemberg
Jasmine Pantoja
Kady Dabash-Meiningner
Morgan Dover
Matthew Dryden

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

Chairman Kelly Morgan, MD, called the meeting to order at 9:00 a.m. and stated the Affidavit of Posting was posted in accordance with the Nevada Open Meeting Law. All Committee members joined the meeting by teleconference and the roll call was administered by Nicole Charlton who noted that a quorum was present.

I. FIRST PUBLIC COMMENT

Members of the public are allowed to speak on Action items after the Committee's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Committee on the pending topic. No person may yield his or her time to another person. In those situations where large groups of people desire to address the Committee on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Committee on behalf of the group. Once the action item is closed, no additional public comment will be accepted. Dr. Morgan asked if anyone wished to address the Board pertaining to items listed on the agenda. Seeing no one she closed the public comment portion of the meeting.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of the Addition of Tranexamic Acid (TXA) to Protocol and Formulary

Chief Neel recommended the committee approve the addition of TXA to the formulary. Stacy Johnson, EMSTS Regional Trauma Coordinator, stated she spoke with Drs. Fisher, Kuhls and Arnold who were in support. She was unable to speak with Dr. Dort. Dr. Kuhls noted she would be able to provide more information from a student who did extensive research on TXA, if needed.

Dr. Holtz stated there is disparity in the data, and the CRASH study is not being performed in a similar environment as practiced in Las Vegas. He noted that the inclusion criteria may be poorly thought out. He stated that TXA is a drug that is of dubious benefit, and certainly has the potential to cause harm. Another issue is it may be something that would delay care for other treatment for trauma patients. At the last AEMSP meeting, he spoke to one of the authors who did a large study on TXA who commented that if you're going to use TXA it should be way down on your list of things to give a trauma patient because the data is so poor. Dr. Holtz stated that as more data comes out, it may not be the wonder drug that it's been held out to be.

Mr. Hammond stated that whatever decision is made, it's going to be systemwide. Piecemealing for a special patient population is not an effective management for our EMS system. The process for bringing forth new medications and protocols is spelled out in the EMS Procedure Manual. We need to be making data-driven decisions because that is a defensible position in any kind of clinical setting. Going forward we need to follow the process that was put in place before we can even consider items to be brought to committee for discussion.

A motion was made by Mr. Cox to add Tranexamic Acid to the formulary so they can have further discussion at the next meeting. The motion was seconded by Chief Neel.

After much discussion, including whether voting "yes" means the agencies need to buy and carry the medication, A motion was made by Mr. Cox to vacate his prior motion and table the agenda item until the next meeting. The motion was seconded by Dr. Morgan and carried unanimously.

It was agreed the agenda item will include an application and protocol for review by the committee.

B. Discussion of the Adult Shock Protocol

A motion was made by Mr. Ford to replace Push Dose Phenylephrine with Push Dose Epinephrine for cardiogenic shock to read, "Push Dose Epinephrine 10 mcg IV/IO, may repeat q 2-5 min to maintain SBP >90 (1 ml of a 1:100,000 solution). The motion was seconded by Chief Tobler and carried unanimously.

C. Discussion of the Adult Bradycardia Protocol - Tabled

D. Discussion of the Use of Sodium Bicarbonate in Adult and Pediatric Overdose Protocols

Dr. Holtz stated that several meetings earlier the committee agreed to change the Sodium Bicarbonate dose to a standard dose throughout the protocols.

A motion was made by Dr. Holtz to make the following revisions:

1. Revise the adult Overdose/Poisoning protocol to read, "50 mEq of Sodium Bicarbonate IV/IO; may repeat in 3-5 min if QRS remains wide;" and
2. Revise the pediatric Overdose/Poisoning protocol to read, "1 mEq/kg of Sodium Bicarbonate IV/IO, max of 50 mEq; may repeat in 3-5 min if QRS remains wide," and remove the neonate dose.

The motion was seconded by Chief Neel and carried unanimously.

E. Discussion of Pressors in Pediatric Allergic Reaction

Mr. Ford stated the schematics for the Pediatric Allergic Reaction and Adult Allergic Reaction protocol are different, and he recommended they be mirrored for consistency. After some discussion, the committee agreed to table the issue so they can review the written changes at the next meeting.

F. Discussion of the Pediatric Drowning Protocol - Tabled

III. INFORMATIONAL ITEMS/ DISCUSSION ONLY

Discuss Survey on Drug/Device/Protocol Priority List

Dr. Morgan stated the committee should have received a survey to complete related to protocol priorities to help streamline the processes. The survey will be sent out again, so everyone has a chance to respond. The next DDP meeting will be held on March 13th from 9:00 – 11:00 a.m. via WebEx, unless they can find another venue.

IV. SECOND PUBLIC COMMENT

Members of the public are allowed to speak on Action items after the Committee's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Committee on the pending topic. No person may yield his or her time to another person. In those situations where large groups of people desire to address the Committee on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Committee on behalf of the group. Once the action item is closed, no additional public comment will be accepted. Dr. Morgan asked if anyone wished to address the Board pertaining to items listed on the agenda. Seeing no one, she closed the Public Comment portion of the meeting.

V. ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 9:58 a.m.